MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

10776 –62–045109 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED NOV 1 9 1962

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	BY AFFIDAVIT OF DOCUMENT
1			
2 2			
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4 2			
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7 1			
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12 90-0			
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90

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2718a Dickson
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2718 a Dickson
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Albert Middle: Last: Wynn

4. DATE OF DEATH Month Day Year: 11-8-62

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☐ X Divorced ☐

8. DATE OF BIRTH: 7-27-1880

9. AGE (last birthday): 82
IF UNDER 1 YEAR Months Days / IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab

10b. KIND OF BUSINESS OR INDUSTRY: Independent Pack

11. BIRTHPLACE (City and state or country): Starksville Miss.

12. CITIZEN OF WHAT COUNTRY: U.SA

13a. FATHER'S NAME: Charley Wynn

13b. MOTHER'S MAIDEN NAME: Ella Wynn

14. NAME OF HUSBAND OR WIFE: Mattie Wynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mattie Watt 529 N. Whittier

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo...)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myo-Carditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Asthma, Hypertensive ...
DUE TO (c): Rheumatoid Arthritis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
443X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 15, 1962 to Nov. 7, 1962 and last saw him alive on 11-7-62
Death occurred at 2:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 3000 Easton

22c. DATE SIGNED: 11-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-13-62

23c. NAME OF CEMETERY OR CREMATORY: Greenwood

23d. LOCATION (City, town, or county): St. Louis (State): Mo.

24. FUNERAL DIRECTOR: J. McClendon ADDRESS: 4535 Washington

25. DATE RECD. BY LOCAL REG.: NOV 9 1962

26. REGISTRAR'S SIGNATURE: Head Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jerson McC. Sanders

Licensed Embalmer No. 5072

P. O. Address 4535 Wa[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.